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**Children's Committee
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**Comments from the American Cancer Society Cancer Action Network on SB 378 AN
ACT CONCERNING THE RECOMMENDATIONS OF THE HIGH SCHOOL
GRADUATION REQUIREMENTS TASKFORCE**

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to provide comments on **SB 378 AN ACT CONCERNING THE RECOMMENDATIONS OF THE HIGH SCHOOL GRADUATION REQUIREMENTS TASKFORCE**. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN is strong supporters of robust school policies that create healthy, supportive learning environments and help build the foundation for the establishment of lifelong healthy behaviors.

We are very concerned that the recommendations for new Connecticut High School graduation requirements as set forth in SB 378 would eliminate existing requirements for one-half credit in health and safety education and two credits in career and life skills electives, which include nutrition and physical activity.

For the majority of Americans who do not use tobacco, the greatest behavioral risk factors for cancer are weight, diet and physical activity levels. In fact, one-quarter to one-third of all cancers are tied to poor nutrition, physical inactivity or excess weight.ⁱ Being overweight or obese increases a person's risk for many cancers, including colon, endometrium, esophagus, gall bladder, kidney, pancreas, rectum and possibly postmenopausal breast cancer.ⁱⁱ There is also highly suggestive evidence of a link between being overweight or obese and cancers of the cervix, liver and ovary, for multiple myeloma, Hodgkin disease and aggressive prostate cancer.ⁱⁱⁱ Overweight and obesity have become an epidemic in this country, with more than double the rate for adults and triple the rate for youths from just 30 years ago. Today, approximately two in three adults and one in three youths are overweight or obese.^{ivv} The increases in childhood overweight and obesity are particularly troubling because children who are overweight and obese are much more likely to be so as adults. Overweight and obesity rates vary widely by geography and by racial and ethnic group, with many Southeastern states and African Americans and Hispanics having disproportionately high rates.^{vi}

In Connecticut, the increasing risk for cancer and other chronic diseases as a result of overweight and obesity place a huge financial burden on the state's health care system. Obesity alone costs the state in excess of a billion dollars annually in direct medical costs,

approximately half of which is paid for by Medicaid and Medicare.^{vii} A 2012 report from the Trust for America's Health and the Robert Wood Johnson Foundation predicts Connecticut's obesity rate could rise from 24.5 percent to 46.5 percent, causing a 15.7% increase in related health care costs.^{viii}

The rapid increase in overweight and obesity during the past few decades is largely attributable to environmental and social changes that create barriers to healthy eating and active living. Most schools no longer provide daily physical education and other opportunities for students to be physically active. Many communities also lack pedestrian-friendly infrastructure, such as sidewalks and parks, which can facilitate daily physical activity among children and adults. Large portions of inexpensive, high-calorie foods and beverages with little to no nutritional value are abundant and widely marketed. Together, environmental and social factors have significantly contributed to the overweight and obesity epidemic in our country. Increasing opportunities for physical activity and healthy eating and promoting good choices are critical for cancer prevention.

School Nutrition and Wellness

There are significant opportunities for Connecticut to pass and implement policies to improve food and physical activity environments, including looking at ways to increase student knowledge and participation in health eating and active lifestyles beyond the basic knowledge and skills required to meet graduation requirements.

As a result of the Healthy, Hunger-Free Kids Act of 2010, the federal government set updated, national nutrition standards for school meals and updated national nutrition requirements for snacks and beverages, which took effect in fall 2014. While the federal requirements set a minimum baseline, it is not preemptive. States and localities are responsible for fully implementing the nutrition standards and have the opportunity to fill in gaps, including strengthening the federal standards, extending them beyond the end of the official school day, closing loopholes and setting nutrition standards for school-sponsored fundraisers. Local communities also have an opportunity to set stronger school nutrition and wellness requirements by reviewing and updating their local wellness policies, which is also required by federal law. Local wellness policies must:

- Include goals for food marketing, nutrition education and promotion, physical activity, nutrition standards for foods sold in schools and other school-based wellness activities
- Be developed with input from a broad group of stakeholders
- Be widely disseminated throughout the community

Physical Education

The General Assembly can also help to increase physical activity by setting strong requirements for physical education in schools. The U.S. Department of Health and Human Services (HHS) report Physical Activity Guidelines for Americans, recommends children and adolescents engage in at least one-hour of physical activity daily^{ix}, and the Institute of Medicine recommends children have opportunities to engage in an hour of

physical activity at school each day, half of which should be during the regular school day.^x

Quality physical education is the best way for youths to get a significant portion of their recommended physical activity, improve their physical fitness and obtain the knowledge and skills they need to be physically active throughout their lifetimes.^{xi} Physical education may even increase students' academic achievement. Physical education should be part of a comprehensive school physical activity program, which also provides opportunities for and encourages students to be active before, during and after school through recess, classroom physical activity breaks, walk-to-school programs, joint- or shared-use agreements that allow community use of school facilities and vice versa, and after-school physical activity programs, such as competitive, intramural and club sports and activities. However, these other opportunities for physical activity before, during and after school should supplement – rather than supplant – physical education.

ACS CAN advocates for public policies that improve student fitness and increase physical activity through a comprehensive school-based physical education and physical activity program. This comprehensive approach is anchored by quality K-12 physical education that is mandatory for all students and based on a planned, sequential curriculum consistent with national and state standards for a minimum of 150 minutes per week in elementary schools and 225 minutes per week in middle and high schools.

School districts should also provide opportunities for students to be active in other ways, including daily recess policies in elementary schools, classroom physical activity breaks, active transportation policies to and from school, intramural, club, and sports offerings, local school wellness policies that set physical education and physical activity requirements, and shared use policies that makes school facilities available to the community outside of school time.

Additionally, school districts should be held accountable for fully implementing physical education and physical activity programs and policies. They should be assessing the quality of the program using existing tools and assessing student fitness and cognitive achievement, with aggregate results being reported to parents, the community and relevant state agencies.

Thank you for your consideration of our comments.

ⁱ American Cancer Society. (2014). *Cancer Facts & Figures, 2014*. Atlanta, GA: American Cancer Society.

ⁱⁱ Kushi L.H., Doyle C., McCullough M., et al. (2012). *American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention: Reducing the Risk of Cancer With Healthy Food Choices and Physical Activity*. CA: A Cancer Journal for Clinicians. 2012; 62:30-67.

ⁱⁱⁱ Ibid.

^{iv} Flegal K.M., Carroll M.D., Kit B.K., and Ogden C.L. (2012). Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010. *Journal of the American Medical Association*. 2012; 307(5).

^v Ogden C, and Carroll M. (2010, June 4). NCHS Health E-Stat: Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008. Division of Health and Examination Surveys, National Center for Health Statistics; Centers for Disease Control and Prevention (CDC). Available at cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm.

^{vi} CDC. (2014). Adult Obesity Facts. Updated March 28, 2014. Available at cdc.gov/obesity/data/adult.html. Retrieved May 7, 2014.

^{vii} Finkelstein E.A., Trogon J.G., Cohen J.W., Dietz W. (2009). Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates. *Health Affairs*. 28(5): w822-w831.

^{viii} <http://healthyamericans.org/assets/files/TFAH2013FasInFatReportFinal%209.9.pdf>

^{ix} U.S. Department of Health and Human Services (HHS). (2008). Physical Activity Guidelines for Americans. Available at health.gov/paguidelines/.

^x Institute of Medicine. (2012). *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, D.C.: National Academies Press.

^{xi} For more information on ACS CAN's policy position on physical education and physical activity in schools, please see: ACS CAN, American Diabetes Association (ADA), American Heart Association (AHA). Physical Education in Schools – Both Quality and Quantity are Important. A Statement on Physical Education from ACS CAN, ADA, and AHA. 2013. Available at acscan.org/content/wp-content/uploads/2013/08/PE-in-Schools- Policy-Statement.pdf. Accessed May 7, 2014. Also see: ACS CAN, ADA, AHA. Fact Sheet: Physical Education in Schools – Both Quality and Quantity are Important. 2013. Available at acscan.org/content/wp-content/uploads/2013/08/PE-in-Schools- Fact-Sheet- from-ACS-ADA-AHA.pdf. Accessed May 7, 2014.